DOCUMENT RESUME

ED 270 694 CG 019 151

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TITLE Teenage Pregnancy and Primary Prevention: New Approaches to an Old Problem.
PUB DATE [Nov 85]
NOTE 15p.; Paper presented at the Annual Meeting of the American Public Health Association (113th, Washington, DC, November 17-21, 1985).
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescent Development; *Adolescents; Attitude Change; *Early Parenthood; *Health Needs; *Males; *Pregnancy; Prevention; Sex Education; Sex Role; *Sexuality

ABSTRACT

This document describes the Parents Too Soon (PTS) program, a project which integrated a comprehensive array of services for teenagers in an effort to help prevent premature and unwanted pregnancies. Four components of the PTS program are listed: (1) comprehensive family planning medical services including provision of contraceptives; (2) social work counseling and referrals; (3) community outreach on topics related to adolescent sexuality, responsible decision-making, values clarification, and parent-child communication; and (4) a prevention project geared toward males. This paper focuses primarily on the male adolescent sexuality program component of PTS. Efforts to reach adolescents and demographics of adolescents who use PTS services are described. Six objectives of the male sexuality program are listed which deal with various aspects of the adolescent male's health needs and his role as a male in addressing sexual issues in pregnancy prevention. Important aspects of the program which are discussed include community outreach, educational programs, and working with parents of teenagers. Program evaluation is considered and changes in program participants' attitudes and knowledge about their bodies, their sexuality, and how to prevent pregnancy are presented. (NB)

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TEENAGE PREGNANCY AND PRIMARY PREVENTION:

NEW APPROACHES TO AN OLD PROBLEM

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CG 019151

Written with appreciation to the State of Illinois Parents Too Soon Program, the Joyce Foundation, and Rush-Presbyterian-St. Luke's Medical Center for their generious support.

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The issue of teenage pregnancy is not a new one. While sexual activity among teenagers has increased by two-thirds in the 1970's,[1] the phenomenon of "children having children" has been around a lot longer than we would like to acknowledge. In fact, the teen birth rate was actually higher in 1957 than it is today.[2] What is different is that teens are getting pregnant at an earlier age, and many more teens are taking on the responsibilities of parenthood out of the context of marriage. These two factors -- that the rate of pregnancy is increasing for the younger teen and that over 66% of teenage mothers are single -- contribute to the devastating social, economic, and health problems related to teenage pregnancy.[3]

To give an idea of the extent of the problem in the United States, over one-million teenagers become pregnant ever year.[4] Some studies estimate that 40% of today's 14-year-olds will become pregnant at least once during their teenage years.[5] The Alan Guttmacher report released last year revealed the startling fact that the teenage pregnancy rates were far higher in the United States than either the Netherlands, Sweden, Canada, France or England and Wales. The report also refuted the myth that teenage pregnancy is just found in poor black communities. In fact, while the fertility rate among black teenagers is nearly twice that of whites, it has declined somewhat over the past ten years, while white, out-of-wedlock birthrates have increased by more than 50% in the past decade.[6] Teenage pregnancy therefore cuts across all races and economic strata.

Locally, in Illinois, 13.6% of all births were to teenage mothers (24,348 babies) in 1983. In Chicago, almost 20% of all births were to mothers age 19 and under.[7]

What does all of this mean? Babies born to teens are two times as likely to die than babies born to mothers in their 20's.[8] In 1982 the infant mortality rate for babies born to mothers age 10 - 14 was 25.3 per 1000, and for babies born to 15-19 year olds, 18.9 per thousand. The Illinois rate for all births was 13.6 per 1000.[9]

The economic consequences are similarly devastating. Pregnancy is the primary reason given for dropping out of school. Half of the teen mothers who become pregnant before 18 never completes high school.[10] A teen who is unable to complete her education due to premature parenthood is likely to be dependent on public funds for support. The long term job prospects for teen mothers and fathers are grim. A teenage mother is much more likely to be an AFDC recipient than a woman whose first child was born after the age of 20. In addition to the very real human costs, adolescent pregnancy thus costs taxpayers a great deal of money. It is indeed an awesome issue.

When attempting to look at solutions to this complex problem, no easy answers surface. The people of the United States are deeply divided about the moral and value implications of teenage sexuality and pregnancy, and strategies for intervention. What is known is that if the problem of preventing teenage pregnancy is to be addressed, it must be approached in a comprehensive, coordinated manner. Progress has been made. It is imperative to continue to strive towards new and innovative ways to address the problem.

What follows is a brief description of how one project, the Parents Too Soon (PTS) program at the Adolescent Family Center (AFC) at Rush-Presbyterian-St. Luke's Medical Center in Chicago, has attempted to integrate a comprehensive array of services for teenagers in an effort to help prevent premature and unwanted pregnancies. While the PTS program consists of family planning health services including counseling and community sex education and pregnancy prevention seminars, this paper will focus on the most unique aspect: a male adolescent sexuality program.

Historically, AFC has provided prenatal, intrapartum, and postpartum care for pregnant teens utilizing a team of Certified Nurse Midwives, Social Workers and Dieticians. In 1983, the Center applied for a grant from the Illinois statewide Parents Too Soon Initiative to attempt to reach the adolescents before they became pregnant. The prevention component was targeted for siblings and friends of those adolescents who had sought pregnancy-related services at AFC. Complementing this public funding, in 1984 the Joyce Foundation generously provided monies to initiate what was considered to be an essential component of the program: one which would attempt to reach the too-long ignored male adolescent population and involve them in pregnancy prevention efforts. This combination of public-private funding has enabled the AFC to expand its community outreach efforts into an area of Chicago where over 33% of births are to teenagers and 43.1% of the families live below poverty.[11]

The "Parents Too Soon" program at the Adolescent Family Center consists of four components: 1) comprehensive family planning medical services including provision of contraceptives; 2) social work counseling

and referrals; 3) community outreach on a variety of topics related to adolescent sexuality, responsible decision-making, values clarification, and parent-child communication; and 4) a prevention project geared toward males.

Efforts to reach teens in the high risk West Side communities are coordinated with the Chicago Public School system, social service agencies serving youth, churches and after-school programs. An attempt is made to provide programming which reflects the complexities of why teens become pregnant. Discussions may address not only factual information about adolescent sexuality, but also goal setting for the future, vocational planning, values, and family relationships.

The teens who utilize the prevention services range in age from 12 to 21. Community outreach programs have been conducted with children as young as 6. The mean age of teens seeking contraceptive services is 17.2. 31% are age 16 or younger. Girls utilizing the family planning services come from ethnically mixed backgrounds: 64% are black, 19% are White and 16% Hispanic (even though the neighborhoods in which community outreach sessions are conducted are 95% black). While there is no requirement for parental permission to seek contraception, 59% of the clients have discussed seeking contraceptives with their parents. As might be expected with an adolescent population, over three-quarters of the clients who seek services heard about the Center through a friend who had come to the Adolescent Family Center previously. Approximately one-fourth of the teens who utilize Family planning services come to the AFC within a year of initiating sexual activity; 8% come prior to ever engaging in intercourse.

While male partners are encouraged to accompany the girls to the Center, it was felt that outreach efforts towards this long-neglected group should be intensified.

In developing the male adolescent sexuality program it was important to consider the prevailing societal values which have contributed to keeping the adolescent male out of a responsible family planning role. Societal values mold males and females into certain roles. For example, males are generally socialized to be "strong", "cool", "brave", and "tough". A real man is competitive and wants to win or succeed at any cost. In spite of women's liberation, the man is still viewed as the major breadwinner whose worth is measured by his status at the job and the size of his paycheck.[12] The socialization of young men continues to be based upon myths that restrict "acceptable" male beahviors in sexual decision-making and perpetuate a macho orientation toward relationships. It is important to recognize that sexual experience continues to be perceived as a crucial rite of passage for young men.[13]

Stereotypic sex roles are ascribed to women, too. They continue to be told that their major role in life is to be a housewife or mother. Young girls are often told that their worth is measured by their ability to keep a man, and sex is frequently viewed as the means by which a man may be "hooked". The male adolescent sexuality program was not intended to change these deep-seated sex role stereotypes. It was developed to sensitize the communities which we serve, as well as the staff with whom we work, to think a little differently about the male's role in relationships, sexuality, and pregnancy prevention.

The Adolescent Family Center has delivered health care services to young women for the past eleven years. Until the male program began, the service providers had all been female. The working environment was geared to the young women who utilized the services. Not much attention was paid to how a male might feel walking into this predominantly female setting. Therefore it was important to sensitize the staff to the needs and feelings of the adolescent males. Helping young men feel more welcome at the Center involved such changes as hanging pictures of family groups including men in the waiting room, gathering a collection of magazines which appealed to males, and encouraging staff to involve males in the clinic visits, as long as the female consented .

To increase community awareness of male issues and sexuality, networking among community agencies was necessary. This required attending relevant community meetings and becoming involved in community organizations which have contact with male youth. Alliances were formed with the Chicago Board of Education and the Chicago Police Department. A network of professionals who worked with adolescent males on teen pregnancy and sexuality issues was developed to exchange ideas and share strategies.

The services of the male adolescent sexuality program complement those offered by the PTS component of the Adolescent Family Center. The focus is both on the health needs of the adolescent male and his role as a male in addressing sexual issues in pregnancy prevention. With this focus in mind the objectives of the program were developed as follows:

1. to increase awareness in males of the physical changes which occur during puberty.

2. to assist males in thinking about appropriate goals and decisions that will affect their lives.

3. to help males understand the process of reproduction and the consequences of sexual activity

4. to increase the participation in family planning activities (i.e. by accompanying his girlfriend to the clinic or seeking contraceptive counseling himself).

5. to educate parents on their important role in communicating with their daughters and sons about sexuality.

6. to educate professionals who work with males on the importance of involving males in life planning and pregnancy prevention issues.

In order to accomplish these objectives, a major emphasis of the program has been on community outreach. It is important for anyone working with males to realize that they will not come to you. Males must be aggressively sought out in places where they meet. Providing evening and weekend services make the program more accessible to the community. Over the past year, contact with males has been made in a variety of settings including alternative schools, youth groups, churches, community agencies and others. To date, educational sessions have been provided to youth and adults at 49 different sites.

The educational programs offered in the schools are based on a curriculum designed by the PTS staff and approved by the Chicago Board of Education. The topics covered include basic anatomy and reproduction, goal-setting, responsible decision-making, contraception, STD's and communication. (While it is preferable to cover these issues in at least six sessions, programs are tailored to accommodate the wishes of the school or agency.)

The underlying philosophy of the program is that pregnancy prevention involves not only learning about sexual issues, but

also extends to assisting males in thinking about their future. This is particularly important in that the school drop-out rate in the communities served by this program is over 43%, and unemployment rates exceed the 52% rate quoted for black adolescent males nationwide.[14] The young men who participate in the program are encouraged to remain in school and develop skills in setting goals for themselves and looking toward the future. Being sensitive to and respecting the males' knowledge and opinions regarding issues impinging on their lifestyle helps to engage them in program activities.

Another integral part of the program is working with the parents of teens and professionals who come into contact with male youth. Many parents are uncomfortable with the topic of sexuality themselves, and program staff educate them to educate their children. When working with parent groups, it is particularly useful to involve a female social work staff member in conducting the session with a male social work staff member. Parents can then see that males and females are able to discuss these topics freely and openly together. Inservices are provided by program staff for professionals (teachers, nurses, social workers) working with adolescent males and females to increase their awareness and comfort level with addressing sexual issues with male teens.

Community outreach efforts have begun to pay off. During the first 11 months of the program, the number of males who came to the Center to seek contraceptive counseling and supplies steadily increased. While medical services are not provided to male clients,they are referred to appropriate resources for diagnosis and treatment of STD's.

As with the PTS program in general, the strongest source of referral has been community outreach and word of mouth.

Avenues for increasing the number of males utilizing the program services and instilling responsible family planning attitudes are currently being explored. One program to be initiated is a "peer educators" program with adolescent males at the 8th grade level. The rationale for the program is that peers generally tend to serve as initial educators on sexual matters.[15] We would like to take advantage of the strength of peer relations by teaching these young men accurate information relating to sexuality so that they may pass along fact rather than fiction to their friends. Additionally, those males selected could serve as role models for the entire school.

Another idea under consideration is the establishment of an alliance with a physician in the Medical Center to do community outreach and provide sports physicals to the male athletes in the schools. Experience from other programs similar to this proves this is an effective way of engaging the young men in discussions regarding sexuality and pregnancy prevention.

Evaluating programs such as this poses its own challenge. How does one ascertain whether it was this intervention which prevented a pregnancy or helped a teen get a job ? While the Adolescent Family Center's Parents Too Soon program is just beginning to look at how to evaluate its effectiveness, we have collected some data which is a useful beginning.

In addition to gathering descriptive statistics as to who utilizes our services, how they get to us, who they regard as their primary source of information,

we have attempted to evaluate the impact of our community outreach activities. For those schools in which we conduct 6 or more educational sessions, pre and post tests are administered prior to and after the series to determine changes in knowledge and attitudes about sexuality, contraception, and human development. In addition, students are asked to give feedback by responding to a questionnaire inquiring as to what they liked most and least, what they would like to learn more about and suggested topics for future programs.

What has been learned from collecting this data? The pre and post tests have revealed that to the extent that the test scores reflect changes in knowledge, students learn something about their bodies, their sexuality and how to prevent pregnancy. In one school there was a 37% increase in average test scores, in another there was a 33% increase, and in a third school there was a 19% improvement in average test scores. (Two classes of students from the latter school had participated in the PTS program during the previous school year. These students retained information from the first year and therefore the difference between their pre and post test scores was not as significant.) While these findings only identify changes in knowledge, it can hopefully be said that these teens are able to make more informed decisions about their sexual behavior.

In addition to looking at changes in knowledge, questions have been asked to ascertain changes in values and attitudes. Teens are asked at what age they feel it is okay to begin initiating sexual activity, become a parent, or get married. They are asked how much schooling they would like to get before completing their education. What do they see themselves doing in five to ten years from now? While no formal

analysis has been completed, these questions have provided some interesting information. The proportion of both male and female respondents who felt it was all right to become a parent by the age of 18 decreased after the six weeks course. Only 3% of the females and 15% of the males believed parenthood before 18 was acceptable after participating in the program (as compared to pre-test responses of 16% and 21% respectively). While it cannot be said that the content of the program caused them to change their opinions, it perhaps facilitated their thinking about plans for the future and at what point childbearing fits into their lives.

Another significant observation was that there didn't seem to be much of a connection between what the adolescents stated their vocational aspirations were and their desire to initiate sexual activity and parent a child. For example, the top four vocational goals cited by males and females were doctor, lawyer, teacher, and sports figure. Some of these same teens responded that they wanted to have a child by the age of 18 and didn't necessarily want to go to college. This finding points all the more emphatically to incorporating vocational planning and future goal setting into family life education programs.

What has been learned from this experience is that preventing adolescent pregnancy effectively involves intervention on a number of levels. Heightening community awareness of the problem of teen pregnancy and the male's role in prevention efforts are a first step. Garnering community support -- particularly from parents of teens-- is another important ingredient. Providing accessible, confidential family planning health services is essential for both males and females.

Equally important is to help teens think about the relationship between their sexual behavior and their ability to get ahead in the world. Linking male and female adolescents alike to the resources which will help them finish school, get a job, and provide a realistic and appealing alternative to getting prematurely pregnant are all components of keeping our children from becoming "parents too soon."

FOOTNOTES

[1]Alan Guttmacher Institute. Teenage Pregnancy: The Problem That Hasn't Gone Away, New York, 1981.

[2]Testa, Mark, and Wulczyn, Fred. The State of the Child, Vol. 1, Children's Policy Research Project, University of Chicago, 1980.

[3]Moore, Kristin, Teenage Motherhood: Social and Economic Consequences, The Urban Institute, Washington, D.C., 1979.

[4]Alan Guttmacher Institute, 1981, op.cit.

[5]Ibid.

[6]Alan Guttmacher Institute, United States and Cross-National Trends in Teenage Sexual and Fertility Behavior. New York, 1985.

[7]Illinois Department of Public Health, Statistics, 1983.

[8]AGI, 1981 , op. cit.

[9]IDPH, 1983, op. cit.

[10]AGI, 1981, op. cit.

[11]IDPH, 1983, op. cit.

[12]Scales, Peter, and Beckstein, Douglas. "From Macho to Mutuality: Helping Young Men Make Effective Decisions About Sex, Contraception, and Pregnancy." in Irving R. Stuart and Carol F. Wells, ed. Pregnancy in Adolescence: Needs, Problems, and Management. (New York: Van Nostrand and Reinhold Co., 1982). p. 264-289.

[13]Ibid.

[14]Jones, Kenneth M. "Black Male in Jeopardy". The Crisis, March 1986 93 (3): 16-23.

[15]Scales and Beckstein, 1982, op. cit.